

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filer)	2 Total pages filed: <i>9</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms.</i>	FIRST <i>Ashley</i>	MI <i>N</i>	OFFICE USE ONLY <b>FILED</b> Date Received Jana Kennon, County Clerk Wilbarger County, Texas  <i>JAN 13 2026</i> <i>Jana Kennon</i> By _____ Deputy _____		
	NICKNAME <i>Ruzzell</i>	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>PO Box 148</i>		APT / SUITE #: <i>Vernon</i>	CITY: <i>TX</i> ZIP CODE: <i>76385</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(940)</i>	PHONE NUMBER <i>414-1367</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Jessica</i>	MI <i>N</i>	Receipt # _____ Amount \$ _____  Date Processed  Date Imaged		
	NICKNAME <i>Tyra</i>	LAST	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <i>2030 Wilbarger St.</i>		CITY: <i>Vernon</i>	STATE: <i>TX</i> ZIP CODE: <i>76384</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(940)</i>	PHONE NUMBER <i>839-7207</i>	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month <i>12</i>	Day <i>12</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month Day Year <i>03/03/2026</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>District Clerk</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

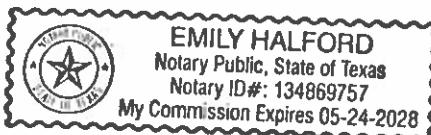
**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
<p><i>Ashley Ruzzell</i></p>		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1650.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1574.41</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>75.59</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Ashley Ruzzell*  
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Ashley Ruzzell* this the 13 day of January,  
20 21, to certify which, witness my hand and seal of office.

*Ashley Ruzzell*  
Signature of officer administering oath

*Emily Halford*  
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country) \_\_\_\_\_

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) \_\_\_\_\_ (year) \_\_\_\_\_

*Ashley Ruzzell*  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Ashley Rozzell	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1650.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 895.51
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1574.41
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: <u>3</u></p>
<p>2 FILER NAME <u>Ashley Rozzell</u></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <u>12/2/25</u></p>	<p>5 Full name of contributor <u>Dan Halford</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>7 Amount of contribution (\$) <u>100.00</u></p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date <u>12/2/25</u></p>	<p>Full name of contributor <u>Danly Jo Walker</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>Amount of contribution (\$) <u>50.00</u></p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date <u>12/2/25</u></p>	<p>Full name of contributor <u>Candice Freeman</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>Amount of contribution (\$) <u>100.00</u></p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date <u>12/2/25</u></p>	<p>Full name of contributor <u>Candice Ochoa</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>Amount of contribution (\$) <u>100.00</u></p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 3</p>
<p>2 FILER NAME <i>Ashley Rozzell</i></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <i>12/2/25</i></p>	<p>5 Full name of contributor <i>Melvin Rozzell</i></p> <p>6 Contributor address;      City;      State;      Zip Code</p>		<p>7 Amount of contribution (\$) <i>100.00</i></p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date <i>12/2/25</i></p>	<p>Full name of contributor <i>Joe Fitzgerald</i></p> <p>Contributor address;      City;      State;      Zip Code</p>		<p>Amount of contribution (\$) <i>100.00</i></p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date <i>12/2/25</i></p>	<p>Full name of contributor <i>David Gower</i></p> <p>Contributor address;      City;      State;      Zip Code</p>		<p>Amount of contribution (\$) <i>100.00</i></p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date <i>12/2/25</i></p>	<p>Full name of contributor <i>Pam Nava</i></p> <p>Contributor address;      City;      State;      Zip Code</p>		<p>Amount of contribution (\$) <i>100.00</i></p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>			
<b>2 FILER NAME</b> <i>Ashley Rozell</i>			<b>1 Total pages Schedule A1:</b> <i>3</i>
<b>4 Date</b> <i>12/6/25</i>	<b>5 Full name of contributor</b> <i>Ronnie Morton</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i></i>	<b>7 Amount of contribution (\$)</b> <i>500.00</i>
	<b>6 Contributor address;</b> <i>9911 Center Dr Vernon TX 76384</i>	City: <i></i> State: <i></i> Zip Code: <i></i>	
<b>8 Principal occupation / Job title (See Instructions)</b> <i>Retired</i>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <i>12/10/25</i>	<b>Full name of contributor</b> <i>Dana Smith</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i></i>	<b>Amount of contribution (\$)</b> <i>50.00</i>
<b>Contributor address;</b> <i></i>		City: <i></i> State: <i></i> Zip Code: <i></i>	
<b>Principal occupation / Job title (See Instructions)</b> <i></i>		<b>Employer (See Instructions)</b> <i></i>	
<b>Date</b> <i>12/17/25</i>	<b>Full name of contributor</b> <i>Tammy Lee</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i></i>	<b>Amount of contribution (\$)</b> <i>250.00</i>
<b>Contributor address;</b> <i>5165 FM 2916 Vernon TX 76384</i>		City: <i></i> State: <i></i> Zip Code: <i></i>	
<b>Principal occupation / Job title (See Instructions)</b> <i>Justice of the Peace Clerk</i>		<b>Employer (See Instructions)</b> <i>Wilbarger County</i>	
<b>Date</b> <i>12/30/25</i>	<b>Full name of contributor</b> <i>Brandon Gower</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i></i>	<b>Amount of contribution (\$)</b> <i>100.00</i>
<b>Contributor address;</b> <i></i>		City: <i></i> State: <i></i> Zip Code: <i></i>	
<b>Principal occupation / Job title (See Instructions)</b> <i></i>			
<b>Employer (See Instructions)</b> <i></i>			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1
2 FILER NAME <i>Ashley Rozell</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ <i>895.51</i>		
5 Date <i>12/13/25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Josh Tyra</i> )	8 Amount of Contribution \$ <i>36.91</i>
	7 Contributor address: City: <i>2030 Wilbarger St Vernon TX 76384</i> State: Zip Code	9 In-kind contribution description <i>Banner</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Self Employed</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date <i>12/17/25</i> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Josh Tyra</i> ) Contributor address: City: <i>2030 Wilbarger St Vernon TX 76384</i> State: Zip Code		Amount of Contribution \$ <i>858.60</i> In-kind contribution description <i>200 yard signs</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Self Employed</i>		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
12/13/25	Ashley Ruzzell			
4 Date	5 Payee name			
99.00	Vernon Record			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
	1900 Pease St	Vernon TX 76384		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising Expense	News paper ad		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Candidate / Officeholder name		Office sought	Office held
12/12/25	Wilbarger Republican Party			
Amount (\$)	Payee address:	City:	State:	Zip Code
750.00	6008 Fm 433E	Vernon	TX	76384
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Fees	Filing Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Office sought	Office held
Date	Candidate / Officeholder name		Office sought	Office held
12/18/25	Vista Print			
Amount (\$)	Payee address:	City:	State:	Zip Code
47.61	275 Wyman St.	Waltham	MA	02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Business Cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising Expense	Banners		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
12/30/25	Yard Sign Plus			
Amount (\$)	Payee address:	City:	State:	Zip Code
429.30	10511 Kippkay St #430	Houston	TX	77091
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Yard Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address:	City:	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**